

AGING SERVICES FOSTER GRANDPARENT VOLUNTEER APPLICATION

Lincoln Area Agency on Aging, 1001 "O" Street/ Suite 101, Lincoln, NE 68508
402-441-6105

NAME (typed or printed) _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Social Security _____

Age _____ Birth Date _____ Birthplace _____

Married _____ Single _____ Widowed _____ Divorced _____ Years of School Completed _____

Physical Condition: Excellent _____ Good _____ Fair _____ Poor _____ Please explain condition: _____

Emergency Contact _____

Address _____

Phone _____ Relationship _____

Doctor's Name _____

Address _____ Phone _____

Income Information: Please list **monthly** income sources and amounts.

Social Security \$ _____

SSI \$ _____

Pension/Retirement \$ _____

Interest \$ _____

Stocks/Bonds \$ _____

Other \$ _____

Monthly Total \$ _____

Total number of persons in household? _____

Monthly out of pocket medical expenses. \$ _____



Please List two Character References (not relatives).

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

A criminal background check will be conducted through the Police Department and a background check for child abuse/neglect with the State of Nebraska Central Registry. This is completed on all volunteers serving in the Foster Grandparent Program.

Do you have any criminal convictions, other than parking violations and juvenile offenses? No _____

Yes _____. If yes, please describe _____

What days and hours are you available to volunteer?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Morning _____ Afternoon _____

What date are you available to start? _____

Thank you. Please return this form in the postage paid envelope provided.

